

PART B - FEE(S) TRANSMITTAL

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22852 7590 08/30/2007

FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER
LLP
901 NEW YORK AVENUE, NW
WASHINGTON, DC 20001-4413

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| | |
|--------------------------|--------------------|
| Ramona A. Hopkins | (Depositor's name) |
| <i>Ramona A. Hopkins</i> | (Signature) |
| Nov. 28, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/779,638 | 02/18/2004 | Renwen Zhang | 08702.0068-01000 | 9082 |

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR HEALING AND REPAIR OF ARTICULAR CARTILAGE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 11/30/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| ROBINSON, HOPE A | 1652 | 514-012000 |

| | |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | <input type="checkbox"/> Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P. |

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| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Genetics Institute, LLC

Cambridge, MA (US)

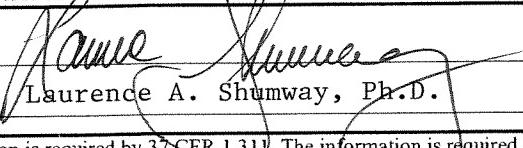
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
|--|--|
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| <input checked="" type="checkbox"/> Issue Fee | <input type="checkbox"/> A check is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) | <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |
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| 5. Change in Entity Status (from status indicated above) | <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |
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Authorized Signature



Typed or printed name

Date

11/28/07

Registration No.

61,169

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